2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES State of Nevada			
Lon	UNIE L. HAMMARGREN, MD STATE ASSE	MBLY	15
Name (p	rint) Office (if applicable)		District (if applicable)
4318 RIDGECIZEST DRIVE 70Z - 451 - 8444 Mailing Address (Include city and zip code) Telephone No.			
HAMMARGREN & LVCM. COM E-Mail Address OCAN S (5)			
C-IVIGII /		2CAN	
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED			
	Report #1 — Due August 27, 2002 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002 BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002		
Ø	Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002		29
	Report #3 Due — January 15, 2003 Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002	FOR OFFICE USE (ONLY THE STATE OF
	BALANCE		7 7
	This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if	any \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	65
	CONTRIBUTIONS SUMMARY "Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received, (NRS 294A,007)		
	Total amount of monetary contributions in excess of \$100	§ 32, 04°	1.00
	Total amount of monetary contributions of \$100 or less	2,745	5.00
	Actual number of monetary contributions of \$100 or less31		
	Interest and income earned on contributions, if any	$\underline{\hspace{1cm}} \varnothing$	
	4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 throug	h3) 34,794	, 00
	5. Total amount of In Kind Contributions	7,173	, 44
EXPENSES SUMMARY			
	6. Total amount of monetary expenses in excess of \$100	31, 166	.70
	7. Total amount of monetary expenses of \$100 or less	_ ø	
	8. Expense for filing fee		
	9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8	31,166.	70
	Remaining Balance (Subtract line 9 from 4) <u>3,627.</u>	30
_	10 Total amount of In Kind Expenses AFFIRMATION	<u> </u>	00
I declare under penalty of perjury that the foregoing is true and correct.			
Signature	Date Executed On		l On
EL201.do	c Revised: MAR-02	PAGE 1	OF\

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